21 30 INTERNAL TRANS	FER REQUEST FOR S.M	1. 09/8/55	OSPTO
DATE: 5-15-01	FROM:	CAO:	(print name)
FORWARD TO: A. Art Unit: 262 B. Class: 382 C Subclass: 100+	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)	
FURTHER EXPLANATION IF I			
DATE:	FROM:		(print name)
FORWARD TO: A. Art Unit: B. Class: C Subclass: FURTHER EXPLANATION IF N	A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED:	(check box) (check box)	
ATE:	FROM:		(print name)
ORWARD TO CLASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box) (check box)	
JRTHER EXPLANATION IF NE			
est of			
ISPOSITION BY 2 00 CLA	ASSIFICATION		
ATE:	_ CLASSIFIER:		
PRWARD TO: Art Unit: Class:	REASON(S): A. You had Parent B. See Title C. See Abstract	(check box)	**************************************
Subclass:	_ D. See Claim(s):	(check box)	

FURTHER EXPLANATION IF NEEDED: